

Residential Habilitation Services

Conditions of Participation

Residential habilitation services may be provided to assist recipients to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to live in the most integrated setting appropriate to the recipient's needs. These services must be individually tailored, and may include personal care and protective oversight and supervision, in addition to skills development.

Residential habilitation services are provided, for the most part, in the recipient's residence, the home of a relative, a semi-independent or supported apartment or living arrangement, or a group home. Because certain skills development may be enhanced by activities in community settings, services may be rendered in other environments provided they are appropriate for delivery of the services in a manner that will contribute to accomplishing goals specified in the recipient's plan of care.

Based on the age and residence of the recipient, residential habilitation services are delivered as family home habilitation services, supported-living habilitation services, group-home habilitation services, or in-home support habilitation services. Family home habilitation services are provided in a licensed assisted living home or licensed foster home by a paid, primary caregiver who is not a member of the recipient's immediate family. Supported-living habilitation services are provided on a one-to-one basis for recipients who are 18 years of age or older and who live in private residences. Group home habilitation services are provided for recipients who are 18 years of age or older and who live in residences licensed as an assisted living homes for two or more recipients. In-home support habilitation services are provided on a one-to-one basis for recipients who are younger than 18 years of age and who live in private residences where their unpaid primary caregivers also reside.

The provider who chooses to offer residential habilitation services must be certified as a provider of residential habilitation services under 7 AAC 130.220 (b)(1)(E), meet with the requirements of 7 AAC 130.265, and operate in compliance with the following standards.

I. Program administration

A. Personnel.

1. Residential habilitation services program administrator.

- a. The provider must designate a residential habilitation services program administrator who is responsible for the day-to-day management of the program including the following:
 - i. orientation, training, and supervision of direct care workers;
 - ii. implementation of policies and procedures;
 - iii. intake processing and evaluation of new admissions to the services;
 - iv. participation in the development of plans of care in collaboration with care coordinators and other providers of services;
 - v. ongoing review of the delivery of services, including
 - (A) monitoring the amount, duration, and scope of services to assure delivery as outlined in the plan of care;
 - (B) assessing whether the services assist recipients to attain the goals outlined in plans of care; and
 - (C) evaluating the quality of care rendered by direct care workers;
 - vi. development and implementation of corrective action plans for identified problems or deficiencies; and
 - vii. submission of required reports to Senior and Disabilities Services, including critical incident reports.
- b. The provider may use a term other than program administrator for this position, e.g., program director, program manager, or program supervisor.
- c. The program administrator must be at least 21 years of age, and qualified through experience and education in a human services field or setting.
 - i. Required experience:

- (A) one year of full-time or equivalent part-time experience working with human services recipients and their families; and
 - (B) one year (which may be concurrent) of full-time, or equivalent part-time experience, as a supervisor of two or more staff who worked full-time or equivalent part-time in a human services field or setting, in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, and similar tasks.
 - ii. Required education and additional experience or alternatives to formal education:
 - (A) Bachelor of Arts or Bachelor of Science degree from an accredited college or university in social work, psychology, rehabilitation, nursing or a closely related human services field, in addition to the required one year of experience as a supervisor; or
 - (B) Associate of Arts degree from an accredited college or university in psychology, rehabilitation, nursing or a closely related human services field, and two years of full-time or equivalent part-time experience working with human services recipients, in addition to the required one year of experience as a supervisor; or
 - (C) four years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing, or a closely related human services field or setting, in addition to the required one year of experience as a supervisor; or
 - (D) certification as a rural community health aide or practitioner and one year of full-time, or equivalent part-time experience working with human services recipients, in addition to the required one year of experience as a supervisor.
 - d. In addition to meeting education and experience requirements, the program administrator must possess the knowledge base and skills necessary to carry out the residential habilitation services program.
 - i. The administrator knowledge base must include:
 - (A) the medical, behavioral, habilitative, and rehabilitative conditions and requirements of the population to be served; and
 - (B) the laws and policies related to Senior and Disabilities Services programs.
 - ii. The administrator skill set must include:
 - (A) the ability to evaluate, and to develop a plan of care to meet, the needs of the population to be served;
 - (B) the ability to organize, evaluate, and present information orally and in writing; and
 - (C) the ability to supervise professional and support residential habilitation services staff.
2. Residential habilitation services direct care workers.
- a. Direct care workers must be at least at least 18 years of age; qualified through education or experience; and possess, or develop before providing services, the skills necessary to meet the needs of the recipient population.
 - b. Required education and alternatives to formal education:
 - i. high school or general education development (GED) diploma; or
 - ii. demonstration to the program administrator of the ability to read written instructions and to make appropriate entries regarding services in the recipient record or file.
 - c. Required skill set:
 - i. the ability to communicate with his/her supervisor and with the recipient and the primary caregiver;
 - ii. the ability to understand the needs of, and to work with the recipient population;
 - iii. the ability to be guided by the plan of care; and
 - iv. the ability to handle household and medical emergencies.

B. Training.

1. The provider must provide orientation and training to direct care workers to ensure they are qualified to perform the services planned for recipients.
2. The provider must provide training to direct care workers in regard to the following at a minimum:
 - a. maintaining a safe environment while providing services;
 - b. universal precautions and basic infection control procedures;
 - d. cardiopulmonary resuscitation (CPR) and first aid; and
 - e. understanding the needs of the population to be served.
3. The provider must instruct direct care workers to notify the program manager, the supervisor, or the appropriate authority, when there is cause for concern about a recipient's health, safety, or welfare.

C. Monitoring services.

1. The provider must monitor the delivery of residential habilitation services by direct care workers as frequently as necessary to evaluate whether the following conditions are met.
 - a. The services are furnished in accordance with the plan of care and in a timely manner;
 - b. The services are delivered in a manner that protects the recipient's health, safety, and welfare; and
 - c. The services are adequate to meet the recipient's identified needs.
2. The provider must act to ensure substandard care is improved or arrange for service delivery from other direct service workers.

II. Evaluation of capacity to provide services.

The provider must collaborate with the recipient's care coordinator to determine whether, given the recipient's diagnosis and needs, its direct care workers have the capacity to provide residential habilitation services for that recipient.

III. Family home habilitation services.**A. Placement agreement.**

1. The provider must develop a written placement agreement to be signed by the provider, the primary caregiver in residence, and the recipient or the recipient's representative prior the delivery of services in a family home habilitation services site.
2. The agreement must address, at a minimum:
 - a. compliance with 7 AAC 130.265 (c) regarding limitations on the number of residents in the family home habilitation services site;
 - b. compliance with 7 AAC 130.224 regarding critical incident reporting, and 7 AAC 130.229 regarding use of restrictive interventions;
 - c. provider monitoring of services including access to the site and to recipient records maintained at the site;
 - d. responsibilities for discussing with the provider possible new admissions or changes in household composition;
 - e. responsibilities for informing the provider within 24 hours of changes regarding the licensure or licensure status of the site; and
 - f. termination of a placement, including stopping payment and the steps that will be taken to protect recipients if
 - i. the provider finds a risk to recipient health, safety, or welfare through monitoring activities;
 - ii. the licensure of the services site is suspended, revoked, or found to be expired; or
 - iii. the terms of the agreement are not met.

B. Onsite monitoring.

The provider must monitor the provision of services in each family home habilitation services site through an onsite evaluation at least once a month, including one unannounced evaluation during any six month period.

C. Evaluation of changes in household composition.

1. The provider must, upon notification of possible new admissions or changes in household composition, evaluate whether the changes would
 - a. violate the terms of the placement agreement;
 - b. cause noncompliance with Medicaid regulations, or Senior and Disabilities Services Conditions of Participation, or policies and procedures; or
 - c. create risks for recipient health, safety, and welfare.
2. The provider must inform the recipient or the recipient's representative, the recipient's care coordinator, and Senior and Disabilities Services of any findings regarding violations of the placement agreement, noncompliance with program requirements, and risks to recipient health, safety, and welfare.